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ORIGINAL AND SELECTED ARTICLES.

ELECTRICITY IN ITS RELATIONS TO GENERAL PRACTICE.

BY THOMAS F. HOUSTON, M. D., CLARKESVILLE, GA.

INTRODUCTION.

There is no agent in the Materia Medica of greater importance, or that can be successfully applied to more varied diseases, than this; and there is not one of which the bulk of medical men show more ignorance. There are several reasons for this fact: Our colleges almost ignore the subject, and after entering the busy round of professional life, its importance not being understood, they neglect it for studies that they consider of more practical importance. Speaking of his specialty, Emmet says: "Success in the treatment of diseases of women lies wholly in attention to minute details." This also is the secret of successful electro-therapy. The choice, direction and strength of the current, the duration of the sitting, the size and location of the electrodes, etc., are all elements of success or failure. Yet, how is the busy practitioner to acquire this practical knowledge, without which it is labor thrown away—success being the veriest accident—and not only casts unmerited shame upon this valuable remedy, but degrades the physician to the level of the quack. Take up that most magnificent

treatise, Beard and Rockwell on Electricity, and it will take months of arduous study to acquire a practical knowledge of its therapeutical application.

The chief objection to the various epitomies, and I have five of the best on my table, is that they fail in being elementary enough. Electricity is so profound a science, and has so many technicalities, that it can almost be said to have a language of its own. The scientists who write these manuals are so familiar with their use and meaning that they forget to come down to the level of the uninitiated.

My papers upon this subject will not present treasures of original research and profound thought, nor are they intended for the perusal of electro-specialists, but as stepping-stones, as an alphabet, to the larger and more complete works. As I am limited in space, I cannot discuss conflicting theories and opinions, but must confine myself to those points that have a practical bearing upon general medicine. And if for the same reason—want of space—I should seem dogmatic and egotistical, this will serve as my explanation and apology. With this introduction, let us plunge *in medias res* and take up

ELECTRO-PHYSICS.

Electricity, like heat and light, is a variety of molecular motion. For the sake of illustration, we compare it to a fluid—hence we say the current flows. This motion may be *constant*—the galvanic current; or interrupted—the faradic; or a succession of sparks—the frictional. We will take them up in the order mentioned, reserving the discussion of frictional electricity to a separate chapter.

THE GALVANIC OR CONSTANT CURRENT.

The simplest means of producing the galvanic current is to plunge two dissimilar metals, connected by a wire—say copper and zinc—into a dilute acid, sulphuric for instance. This is called a galvanic *couplet*, or *element*, or *combination*, or *cell*. The impurities in commercial zinc prevent the formation of a current, hence it is necessary to amalgamate it, *i.e.*, rub it with quicksilver after washing it in dilute sulphuric acid. Two plates of the same metal will not produce a current, because the chemical action taking place at both poles of the battery, the current that commences to be generated by each is neutralized by that of the other. One of the plates in the *element* is the *generating plate* or *pole;* the other the *conducting plate* or *pole*. In the example given above the zinc is the *generating* plate; sulphate of zinc being found is dissolved in the acid, this chemical action evolves a current of electricity.

which passes through the fluid to the copper (the conducting plate) and around the wire to the zinc; thus completing the circuit. For convenience of discussion we call the conducting plate and its wire the positive pole, and the generating plate and its wire the negative pole. Hence we say the current (meaning that portion external to the battery) flows *from the positive to the negative pole.* This fact is of great clinical importance, and I will discuss it fully when speaking of *electro-physiology.* The *volume of the current* is in proportion to the amount of chemical action, and this is determined by the amount of surface area in the generating plate. The *intensity of the current* has reference to its capability of overcoming resistance. All substances offer a certain amount of resistance to the passage of the electric current, and this is what is meant when we say a body is a good or bad conductor. It has been determined by actual experiment that the resistance offered to the passage of the current from one hand to the other is seven times greater than that of the trans-Atlantic cable (vide Beard & Rockwell, page 82) or four million times that of a copper wire. To illustrate the difference between volume and intensity: Take twenty elements like that described above, connect the positive pole of the first with the negative pole of the second, and so on completing the circuit by the union of the first and twentieth cells. As the current traverses the cells it is not increased in volume, but each cell adds its pro rata to the intensity of the passing current. So we get a current of small volume but great intensity, therefore capable of producing valuable therapeutic effects. This can be reversed: connect the similar pole of each cell to an electrode, and we get a current of great volume but of so low a tension that it is therapeutically worthless. The simplest form of battery is the one already described, having two metals and an acid solution. It is also the most portable, hence most useful to the general practitioner. For this reason we will confine our attention to the single fluid elements. The Grenet cell is the best of these. Zinc and carbon are the elements, and an acid solution of bichromate of potash the fluid. I will describe this fully in the future, and will leave the galvanic and briefly discuss

THE FARADIC CURRENT.

The battery which produces this current consists of a single galvanic element, generally a Grenet cell. It consists of a glass cup containing an acid solution of bichromate potash. Fastened to the lid are two plates of carbon that are always immersed in the fluid. Between them is a plate of amalgamated zinc attached to a

hinged rod of brass. When the battery is to be used the zinc is lowered into the fluid, chemical action commences and the current flows to the carbon and completes the circuit. The connecting wire is insulated, and is sufficiently long to form a helix—called *the induction coil.* In the center of the induction coil is another coil of soft wire wound around a bundle of insulated soft iron rods of the size and shape of knitting needles. The inner coil is called the *secondary coil*, and the bundle of insulated rods *the core.* At the instant the circuit is completed in the *induction coil* there is a *momentary* but *entirely independent current* generated in the *secondary coil* running in the *opposite* direction. At the instant that the primary current is interrupted, there is again a current generated in the secondary wire, this time running in *the same direction* as the primary. Let us now introduce into the primary current a rheotome, or current interrupted, and we get in the secondary wire a to and fro current that is far stronger than that of the single galvanic cell and is of great therapeutic value. All secondary currents possess the power of generating in a third coil a tertiary current flowing in an opposite direction and of lower tension and less volume. This can be repeated again and again, the direction of each current being reversed and decreased in strength until exhausted. When the connecting wire of a galvanic element is insulated and wound around a bar of soft iron while the current is passing, it is converted into a maget, and it is possible to make them of very great power for the length of time that the current is passing—its power merely depending upon the volume and intensity of the electric current. This is called an *electro-magnet.* At the instant that the encircling current is closed and opened an electro-magnet possesses the power of generating, by induction, a *momentary* current of electricity in any coil ot wire that is near enough to be affected by it.

The rheotome, or current interrupter, is generally some modification of Neef's hammer. This hammer terminates in a spring whose pressure holds it in place, thus completing the circuit. At the instant that the circuit is completed *the core* becomes a magnet and attracts the hammer, this breaks the circuit and stops the first induced current, and the second is generated. As the circuit is broken the core becomes demagnetized and the spring throws the hammer back to its place, again completing the circuit. Again the first faradic current is generated, the core becomes a magnet, acts on the hammer, etc. The first induced current is the weaker of the two from this fact. The core becoming a temporary magnet by the closure of the circuit, generates in the secondary coil a cur-

rent flowing in the same direction as the primary current, *i.e.*, opposite to the induced but occupying the same wire. The opposite direction of these two currents neutralize to a certain extent each other. Thus the first induced current is made weaker. On the other hand, the second induced current is strengthened, because upon the opening of the circuit the core again generates in the secondary coil a current flowing in the same direcion as before and parallel to the second induced current. Thus we have in the secondary coil, upon the closure of the circuit, two currents generated flowing in opposite directions impeding each other; in the opening of the circuit two currents flowing in the same direction strengthening each other. At the same time that these currents are being generated by the core the turns of the primary coil act upon each other by induction, and other currents are produced, called by Faraday the "extra currents." These are collected in the faradic batteries now in use, and are what is meant when we speak of the "primaay current of Faradism."

With this exposition of electro-physics, I will leave the subject, simply adding this thought: Electro-physics is the foundation-stone of successful electro-therapy, and unless we lay our foundation broad and deep, and make the next row of stones equally as secure in *mastering* electro-physiology, our edifice will always be shaky, and (to drop the metaphor) we can hope for but little success.

THE THERAPEUTICS OF TEA AND COFFEE.

BY F. E. STEWART, M. D., PH. G., N. Y. CITY.

Tea and coffee are used as beverages throughout the civilized world, and their effects have been studied with no little interest. The fact of their universal use has been employed as an argument to prove that man has a special need of them. But this can hardly follow, for a perfect development can be reached without their aid. That they affect the system, there can be no manner of doubt, but whether this effect is beneficial or otherwise has formed a subject of much animated controversy.

To prove the value of a therapeutical agent it is necessary to first observe the results of experience in its use. Guided by that experience, experiments may now be advantageously undertaken to prove the scientific reasons for the results attained, and to prove or disprove the correctness of the observations which have been made empirically. The empirical and physiological researches with regard to the effects of tea and coffee have given them a comparatively certain and definite place as therapeutic agents. But more than empiricism and physiology was necessary to account for all of the actions attributed to them. Chemistry, however, has

solved other problems pertaining to the study of the properties of these agents, and some of the reasons why they act so differently at different times on the same person. What, then, does empiricism, physiology and chemistry teach us about the therapeutic value of tea and coffee?

The experience of those who use coffee and tea show us that they are stimulating in their action, and that coffee is more so than tea. Both are asserted by some to be nutritious, which may, or may not be attributed to the fact that they remove the sense of fatigue and hunger, and allay the mental unrest produced by exhaustion and anxiety.

If used to excess they derange the organs of digestion and cause acidity, eructations, flatulence, pyrosis, etc. Functional disturbances of the nervous system are also caused by their excessive employment, and headache, vertigo, tinnitus aurium, and confusion of mind are the results.

A cup of coffee after dinner facilitates digestion. Those who take a cup of coffee in the morning suffer with a headache if they neglect it. Coffee is a laxative, tea is an astringent. The use of either frequently produces wakefulness.

The above is what is taught empirically with regard to the effects of tea and coffee. But the reason why these effects are produced must be looked for beneath the surface of empiricism, and now science has before her the important question to decide. Chemistry and physiology are appealed to for the solutions. Will the chemical composition and physiological actions of tea and coffee account for the results of experience in their use?

Tea and coffee are stimulants. Chemistry tells us they both contain volatile oils to which their aroma is due; physiology teaches us the functions of the nervous system, and we know that volatile oils stimulate the nerves. Both tea and coffee are asserted to be nutritious. Physiology has revealed that the products of waste are elminated from the system by the organs of excretion, and that much of this waste finds its way out through the urinary apparatus in the form of urea. Some agents are known to decrease the amount of urea eliminated. These agents are classed with the nutrients for that reason, though they do not necessarily take into the blood with their administration any considerable amount of nutritious material. It is said that tea and coffee decrease the amount of urea, and that, therefore, they belong to the nutrients. They allay mental unrest and remove the sense of fatigue. In doing so they but share with the other stimulants a property common to a greater or less extent to them all. Alcohol will do the same thing. Stimulants, as a rule, if taken in small doses, promote the appetite and increase the digestive power by stimulating the gastric follicles.

But if used to excess tea and coffee derange the organs of digestion and excite functional disturbance of the nervous system. This is also accounted for both chemically and physiologically. Both contain tannin. The mucus of the stomach plays the part of a ferment and acts on the starch taken as a constituent of the food, and it undergoes the acetic fermentation. This process is greatly

facilitated by the presence of a quantity of weak alkaline solution. The eructations are gases formed by the chemical decomposition. The headache, vertigo, confusion of mind, etc., are the effects produced by over-stimulation of the nervous system.

A cup of coffee after a meal facilitates digestion, and those who take it in the morning suffer with headache for their neglect if they omit their ordinary cup. The effects of stimulants on the digestive functions have already been referred to. The stimulant also hastens the intestinal movements, and assists the morning evacuation, which, if retained, causes headache from the reflex irritation on the brain, due to the presence of fecal matter in the rectum.

Coffee is a laxative, but tea is an astringent. How can this be accounted for? It has been observed that the effects of tea and coffee are thus far identical, but in this they differ. As usually prepared, tea is subjected to long boiling, which extracts a large amount of the tannin from the leaves. Coffee, on the contrary, is usually prepared by infusion, and is either not boiled at all, or is subjected to the action of water but a short time before used. The amount of the tannic acid present accounts for the difference of effect. There are other reasons, but this one is sufficient for the illustration.

The similar effects of these two beverages have also been answered by chemistry. Tea and coffee derive their activity not only from the volatile oil which they contain, but from a very important constituent known by the names of caffeine, or theine. The effect of this alkaloid on the economy when isolated, is very similar to that of tea and coffee. Relative to its physiological action, Bartholow reports as follows:

"Caffeine, in small medicinal doses, promotes appetite, increases the digestive power by stimulating the gastric glands, and relaxes the bowels slightly. On the heart it exerts at first a decided stimulant action, and raises the arterial tension; but these effects are succeeded by weakened cardiac movements and diminished blood-pressure, cardiac muscle, and its contained ganglia being both probably paralyzed by it. Respiration ceases before the heart stops in animals poisoned by caffeine."

"As regards the cerebral effects, it may be stated that, at first, drowsiness occurs; but this is soon followed by wakefulness, excitement, muscular trembling, confusion of mind, hallucination, and delirium. The cerebral effects terminate in deep sopor, but this is probably the result of exhaustion. Rise of temperature, convulsions, general paralysis, occur when toxic doses are administered to animals; but the temperature declines when paralysis supervenes." supervenes."

The point of this article is to call attention to the importance of studying therapeutics as directed toward the drug. Every drug has activities pecular to it, and therapeutics can never be a science until the reasons for those activities can be accounted for. This can only be accomplished by first studying the drug empirically, then physiologically, and chemically. Physiological therapeutics are dependent on the knowledge obtained from empiricism to guide its researches, and chemistry is essential in the determination of the active principles of drugs — *Therapeutic Gazette.*

THE TREATMENT OF CARBUNCLE.

BY S. BARUCH, M. D., N. Y. CITY,
Ex-President and Honorary Member S. C. Medical Association.

There are few diseases which have been subjected to more varied methods of treatment than carbuncle. The able essay by Dr. McF. Gaston on the latter subject, which appeared in the September number of your Journal, refers to a certain mode of management so nearly akin to that which I regard as the most successful, that I am led to write this brief, practical communication.

The crucial incision, with its various modifications, so glowingly advocated by Syme, Collis and others, has had its day and, together with depleting measures, has passed into desuetude. Regarded as a disorder due to or accompanied by conditions of debility, there is now little difference of opinion with reference to the admissibility, nay, the necessity, of general and local supporting measures.

In the course of an experience of twenty years, the following treatment of carbuncle has gradually developed into a successful mode of management.

Beginning with the classical crucial incision, I did not fail to recognize its great utility in the amelioration of pain. I have no doubt that I have transposed patients from the throbbing agony so characteristic of carbuncle to a condition of great comfort, by freely laying open the tense and brawny tissues. But the relief was temporary, the disease was not checked, the loss of blood from the turgid vessels occasionally prostrated the patient, and altogether the result offered an analogy to the depleting treatment formerly adopted in pneumonia.

In fact, the analogy between the management of the latter disease and the management of carbuncle struck me, as time passed on. Just as Bennet inveighed against bloodletting in pneumonia, and with Dietl introduced the expectant plan, so did Paget eloquently plead for an expectant treatment of carbuncle.

But the latter progressed step by step, until now it presents the same modified form, bearing the impress of careful study and attention to detail which has made the former a more manageable disease.

In August, 1863, Dr. Prichard published in the British Medical Journal an article in which he suggested the value of collodion combined with iodine and iod. potass., as a support, with absorbent action in carbuncle. Pressure by strips of adhesive plaster has been advocated by some, but in my experience the collodion which I have long used without iodine is superior, inasmuch as it adapts itself to the uneven surface of the tumor, and by gradual compression supports the paretic coats of the vessels, aids in expelling the liquid detritus, and affords comfort to the patient which is remarkable. I have often noticed after the crucial incision, liquid and semi-solid matter oozing from the exposed surface, so soon as the

collodion began to contract. The hemorrhage, too, was moderated, and the relief from tension, inaugurated by the incision, became more lasting.

For the next improvement in the treatment of carbuncle we are also indebted to an Englishman. In Braithwaite's Retrospect of July, 1871, Dr. Murray recommended the use of potassa fusa in lieu of the incision. This caustic had been formerly recommended for the purpose of avoiding the pain of the incision and facilitating the sloughing. But Dr. Murray presented it for a different purpose, viz: to abort the carbuncle, and I can testify to the success of the "crucial scoring" of the unbroken surface of a beginning carbuncle. When a patient presents himself in the incipient stage, ere vesicles are fully formed, I apply the solid potassa fusa in two crucial lines, gently rubbed into the tense integument as far as the dusky discoloration extends. Even when the vesicles are formed, but before sloughing has commenced, this crucial scoring will be useful; but the pain resulting from it in these cases has deterred me from frequently resorting to it. Collodion is next brushed in three or four successive coats upon the diseased surface, excluding the crucial lines. A light flaxseed poultice, warm and soft, is applied over the whole, and in many instances the relief is marvellous. Pain ceases at once. In a few days, the central portion of the tumor sinks, a thin tegumentary slough separates and the carbuncle seems to melt away.

In more advanced cases a different course is pursued. The recommendations of Dr. Eade, of London, (who regards carbuncle as a parasitic disease) to introduce carbolic acid within the tumor, has proven a boon to me in these trying cases. The pure carbolic acid liquefied and held in liquid form by a few drops of glycerine, is frequently carried by means of a camel's hair brush into every open point, after the slough channel has been cleansed by a pointed tent of linen. This application must be made thoroughly, but very gently. If properly done the pain will not be severe, and its daily repetition, which is necessary, will not be dreaded by the patient. After this application, collodion is freely brushed in three or more successful coats, over the entire diseased surface, extending a few lines beyond the outline even. A doubled piece of linen, having a central opening to admit the sloughing portion of the carbuncle, is now laid upon the collodion-covered surface. A light flax-seed poultice is placed over the former, and renewed several times a day. Tincture of iron and quinine, milk, any other nutriment the patient can be induced to take, are freely administered, anodynes are prescribed whenever necessary, with a view to allay pain and prevent loss of sleep. The latter are rarely needed after the first day. If the case progresses favorably, the collodion dressing is continued daily, but the carbolic acid may be omitted every other day. Patient is urged to go out into the open air, or to be carried out when unable to move without pain.

Under this management carbuncle may be carried to its termination, with a minimum of pain to the patient and a maximum of satisfaction to the surgeon.—*Ame. Med. Bi-Weekly.*

TREATMENT OF CONSUMPTION INDICATED BY THE DISCOVERIES OF KOCH AND OTHERS OF ITS PARASITIC ORIGIN.

BY M. L. JAMES, M. D.,

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The ranking of consumption among the zymotic diseases, which seems at least now to be proper, the next question is the remedy for it. Perhaps in time this may be secured, in the form of prophylaxis, by innoculating with germs of the disease of mitigated virulence, as in the case of vaccination in small-pox, and Pasteur's method for splenic fever. Pending its discussion, no other subject of more pressing importance in medicine or the political or social economy of our race can engage the attention of the profession than measures at once to lessen the destructive force of this, the deadliest disease of all that "flesh is heir to."

For many years the natural history of tuberculosis, and the therapeutic results which I have observed from the use of remedies of germicidal power, has excited in my mind suspicions of its zymotic nature. These suspicions have gradually grown upon me into strong and positive convictions, though I have not had the opportunity of detecting parasitic growth by microscopic observation. Four years ago, in a paper entitled "Consumption: the Question of its Curability and Treatment," which I had the honor to read before the Medical Society of Virginia, and which was published in its *Transactions*, I called attention to the prominence of the febrile phenomena of phthisis and to the salutary results of remedies addressed especially to that feature of the disease, citing several cases of distinctly defined phthisis which, chiefly under the use of such remedies, had secured periods of exemption from the disease ranging from one to nine years, and seemed in all respects to be cured.

Subsequent observations have so strengthened my convictions, that for the last three years my treatment of consumption has been almost exclusively confined to agents belonging to the antizymotic class, and in view of the curative results I had secured, I had felt authorized to declare, as I did, to our classes in the Medical College of Virginia, my belief that consumption was essentially a zymotic disease, and that its proper therapeutics is founded in such recognition.

Within the past thirteen years I have kept the record of twenty-three cases of phthisis of well marked diagnosis occurring in my private practice, which have been relieved of all constitutional symptoms and physical signs for periods ranging from eighteen months to now thirteen years, most of the subjects exhibiting as high a present degree of physical health and strength as average persons in the community. All the patients whose cases ended thus favorably fell under my charge in the first stage of the disease, and most of them with the earliest positive expressions, except two. In these two cases a cavity of the size of a walnut had

occurred to one, and two smaller ones had occurred to the other.

Besides the twenty-three cases, one other seemed to be well for a period of nine years, who had a subsequent attack and died. It would seem to me, however, as illogical to conclude that this case was not cured, with all traces of the disease absent for so long a time, as to conclude that a person cured of malarial fever, who had at such an interval had a subsequent attack of malarial fever, was not cured in the first instance.

It is, perhaps, proper for me to say that I have kept the record of sixty-two other cases, treated at various stages of the disease, fifty-one of which have died, and the issue of eleven others is yet undecided, they still being under treatment.

My earlier successful cases were treated chiefly by quinine, carbolic acid in form of inhalation, glycerine and alcohol; by rest, pure air, timely exercise, and suitable food, all of which measures are, under varying circumstances, to a greater or less extent, anti-zymotic.

In addition to these remedies, in different conditions, I now also use salicylic acid, salacin, sulphur and its compounds, especially the hyposulphites, arsenic, and paintings with iodine, some of which is absorbed, and besides its counter irritant effect, exerts antiseptic power. I regulate, as far as practical, with mathematical precision, the external temperature—never allowing it to be high enough to promote fever or debility, or low enough to produce congestions or colds. Further experience will enable us to determine which of the anti-zymotic remedies is most efficient, just as we now know that quinine is *the* specific for malarial fever, and sulphur for itch; or if the researches in pathology shall establish different forms of tuberculosis, then which remedy is best adapted to individual pathological types.

If asked to explain how these remedies act, I will answer distinctly, what has been implied already, probably by destroying the organic parasite which produces the disease, just as we know that sulphur does in a case of scabies, and its compounds do in scald-head and fermentative indigestion, and quinine probably does in malarial fevers.

Pressing engagements prevent my giving at this time the details of the treatment I employ. I will say this, however, that ordinarily, as I have before intimated, I build my hopes of success on *early treatment.* It has, at least, not as yet been my good fortune to successfully grapple with the difficulty of this dangerous zymotic poisoning, complicated with structural disorganization of vital organs. And for the reason that I believe that this cannot be done, and the earlier treatment is commenced, the greater the chances of success, I know of no more important subject in practical medicine than the early diagnosis of tuberculosis. Happily, with the present resources of our art, this may, in almost all instances, be made demonstrative. But to compass it will, in many instances, require a ready familiarity with the significance of the whole range of constitutional symptoms and physical signs. The accurate recognition of fever, its degree and variations, is espe-

cially important. This can of course only be done by the use of the thermometer. In taking charge of a case of tuberculosis, I always see that the patient or his attendants are provided with a tested thermometer, instructed in the proper use of it, and required to keep a record of the temperature at all periods of the twenty-four hours, impressing the importance of care by telling them that the success of the management of the case will depend upon the ability to control the fever. My experience justifies me in saying that in a considerable proportion of cases this may be done, and the morbific agency, whatever it may be finally settled upon as consisting in, may be destroyed.

The Materia Medica, in its more limited range in the drug-stores, and its wider range in the universe of matter and mind, must be boldly but practically handled, and the patient watched with ceaseless vigilance. I attend my cases of tuberculosis, at least the more acute forms of it, almost as closely as I do my cases of typhoid fever, ready to combat at once all hurtful changes.

To patients favorably situated, in the earliest stages, where the digestive organs will tolerate for a considerable length of time maximum doses of the anti-zymotic agents mentioned, I believe that a larger number of favorable final issues may be expected than I have yet been able to report. My proportion of cures in recent years much exceed those formerly, as I understand better the plan of treatment, and employ it with more courage and decision.

Unhappily for the doctor, he is usually not called in the earliest stages of tuberculosis, or if so, the digestive organs of the patient will not tolerate the remedies in sufficient quantities and for a sufficient length of time to enable him to destroy the morbific cause. In such cases he must exercise a practical ingenuity by introdcing them in other than the usual channels. Inhalations now, then enemata, then hypodermic injections, epidermic methods, or otherwise.

It is proper for me to remark, that while my chief reliance is placed upon remedies of the anti-zymotic class, in the changing conditions which are liable to occur in this disease I do not ignore entirely the remedies that have been more usually employed. And I wish here to reiterate my abiding confidence in the value of a succession of blisters.

And I will take occasion to say that ordinarily it is best that the friends of the patient and the patient himself should be frankly informed as to the nature of his malady. A wise discretion should of course be employed here as to the subjects, the time, and the manner of making this announcement, but I do not remember ever seeing any but ultimate good results come from such a communication properly made. It will produce some shock and momentary depression with the patient, but that will be all. For a patient to be permanently despondent, is almost pathognomonic of the absence of phthisis. While if properly informed with such assurances as we may reasonably and truly give him, his courage, his hopes and his exertions will usually exceed even those of his

doctor. Hopefulness with a consumptive amounts to a monomania, but it is a monomania which his physician may utilize.

If time allowed I should be glad to refer to other facts and considerations in connection with this important subject.— *Virginia Med. Monthly.*

THE SUCCESSFUL REDUCTION OF A BACKWARD DISLOCATION OF THE RADIUS AND ULNA SEVEN MONTHS AFTER THE INJURY.

BY GEORGE E. BREWER, M. D., OF BUFFALO, N. Y.

A backward dislocation of the elbow of seven months' standing, reduced by Dr. Julius F. Miner, of Buffalo, recently came under my observation.

The extreme rarity of such cases, and the readiness with which reduction was accomplished, led me to a careful study of the subject as presented by surgical authors.

I was very much surprised to see how little was said in our books, or published in our journals; the whole subject being dismissed with the almost unanimous conclusion that such reductions were impracticable if not impossible.

I was also much surprised to find how uniformly unsuccessful had been the efforts of even the most experienced surgeons in attempting to better this condition, some authors even going so far as to assert that it should not be attempted after the sixth week.

Hamilton, in his valuable work on fractures and dislocations, cites but two instances of its successful reduction after seven months, one in his own practice and one reported by Starch.

With Dr. Miner's permission I report the following case, trusting that it may prove instructive to those interested in the subject of old dislocations.

Edward McCarty, aged twenty-one, of Crawford county, Pennsylvania, in August last, received a fall which resulted in a backward dislocation of the radius and ulna. The injury was such as to baffle all attempts at reduction made by neighboring physicians. March 15th, about seven months after the injury, he consulted Dr. Miner, who found, upon examination, that the dislocation was complete, both bones of the forearm being distinctly felt resting on the humerus about three inches above their normal position, the coracoid process of the ulna firmly imbedded in the olecranon fossa, and the arm immovably extended.

The patient was at once given a private room in the Buffalo General Hospital, when, on the following day, Dr. Miner, in the presence of, and assisted by, many of his professional friends, renewed the attempt at reduction.

The patient was thoroughly etherized. Forcible extension was then made upon the arm. This was followed by an unsuccessful attempt at flexion, clearly showing further extension necessary

before flexion could be accomplished. The tendon of the triceps was now divided about an inch above its attachment to the olecranon. Very powerful extension was then made (the combined efforts of four men), this, with forcible flexion, pronation, and supination was continued for nearly three-quarters of an hour. Then measurement, the ease with which the arm could be flexed and absence of deformity, all indicated that the dislocation had been successfully reduced.

The arm was dressed at right angles, without a splint, and the patient placed in bed.

March 17th.—Considerable swelling of the parts. Passive motion attended with pain. Pulse, 110; temperature 99°.

March 19th.—Patient sitting up. Passive motion. Pulse, 90; temperature, 98°.

March 22d.—One week after the operation. Motion without pain, but limited, owing to the œdematous condition of surrounding tissues. Patient left the hospital and went to his home in Pennsylvania, with every indication that complete recovery and good motion would eventually be obtained.

In these old dislocations of the forearm, especially where the displacement is considerable, the contracted triceps offers the chief muscular resistance to replacement.

Dixi Crosby, of New Hampshire, successfully replaced two old luxations of this kind by fracturing the olecranon. This method has also been successfully practiced by Hamilton and others. Subcutaneous section of the tendon of the triceps seems to possess all the merits, while it lacks some of the disadvantages attending the fracture of the olecranon.

Since the above was written, Dr. Miner informs me that in October, 1869, assisted by his friend and colleague, the late Professor Sanford Eastman, M. D., he reduced a similar dislocation in the same manner. Dr. Harrington, who also assisted Dr. Miner at that time, says that the dislocation was of nearly a year's standing. As no record was made of the case at the time, he is unable to state positively just how much time had elapsed since the injury.

Dr. Miner suggests that the reason more cases of the kind have not been reported, is not that such dislocations have not been reduced, but, as in his first case, no records were preserved.—*N. Y. Med. Record.*

WASHING OF THE STOMACH.

Translated for the Chicago Medical Journal and Examiner

BY AUSTIN C. RAMSBY, CHICAGO.

Washing of the Stomach.—With the perfection and simplicity of the instrumental outfit, the washing of the stomach is going to take an important part in the practice of medicine. It constitutes a precious resource against affections of the stomach, and all the physicians who have tried it unanimously report happy results.

The instruments for that operation are all well known. The pump of Kusslmaul, the Dujardin-Beaumetz instrument, the Siphon-tube of Fancher, have all been presented to the readers of the Revue Medicale. Dr. Fancher's instrument seems to be the best, for two reasons: 1st. The facility of its introduction, which even the patient can do himself after a few operations. 2d. Because most everywhere it can be improvised—for a piece of rubber tubing of 1.50 long and 10 to 12 millimeters in diameter can almost always be had, and every household has a common funnel which can be used. Before speaking of the therapeutical indications for the washing of the stomach, we will describe the operation:

The patient should be sitting, the head looking directly forward at almost a right angle with the vertebral column. Some physicians prefer reversing the head backward, in order to introduce the sound vertically.

For pusillanimous patients the dorsal decubitus might offer certain advantages. In the first operation, to establish the habit and overcome the spasms of the pharynx, the use of the rigid sound is preferable; the common œsophagial sound answers the purpose well. But when, after repeating the operation a few times the patient knows how to introduce the rigid sound without pushing it, but by the simple action of deglutition, then the common red rubber tube must be substituted for the sound. The tube must be well oiled. The tube for females ought to be of smaller caliber than for males. A mark on the tube at 45 or 50 centimeters from its free extremity will indicate, when touching the lips, that the stomach has been reached. But this generally is known by a spasm of the cardia, which react to a slight pressure and causes an effort to vomit. Sometimes, but rarely, there is a sudden escape of gases, and of the contents of the stomach; this must be borne in mind in order to protect the patient's clothing. To fill the tube the funnel must be raised one meter above the level of the stomach, and filled with liquid to the amount of from one to two liters; then, by bringing it below the epigastric region, the fluid injected can be seen filling the funnel and holding in suspension the matter contained in the stomach. Dr. Constantin Paul advises the use of cold alkaline water, terminating the operation with warm water. The antiseptics, etc., are highly spoken of.

The operation terminates with the introduction of from 2 to 300 grams of milk in the stomach, and, to prevent the pyloric dilatation, the abdomen must be compressed with a large bandage, or, when possible, have the patient walk for a few minutes.

Such are the details of the operation according to Dr. Paul. We will see now what benefits we can derive from its use.

The washing of the stomach will instantly suppress the pains in cases of neuralgia and chronic gastritis; it will calm the consecutive oppression in cases of dilatation of the stomach.

It stimulates the appetite, and brings a rapid augmentation in weight. Drs. See, Buocquoy, Ferrand and Paul, have had surprising results from it in cases of gastritis, hysterical vomiting, dyspepsia, ulcers and cancers of the stomach; in this last, it is true,

the relief is only temporary. Dr Paul has even utilized it in a case of strangulated hernia, to save the patient the disagreeableness of fœcal vomiting.

Its use in cases of recent poisoning need not be commented on. —*Revue Medical.—Chicago Med. Jour.*

ILLNESS CAUSED BY FILTH IN MILK.

Dr. C. A. Cameron, Chief Medical Officer of Health, for Dublin, reports, in the Dublin Journal of Medical Science, the following interesting facts concerning a hitherto scarcely noted cause of milk impurity: A specimen of milk was submitted to him for examination, which was believed to contain a taxic substance of some kind, for the following reasons: Three children who were in the habit of drinking largely uncooked milk, were taken sick. They presented furred tongues, and gastric symptoms, such as are usually present in the earlier stages of enteric fever. Temperature 104-5° F. The house was new, in a healthy location, and no bad odors had been noticed. The sanitary arrangements were in goood order. The children had been healthy two days before. A general examination of the mild in stock was made; It presented a peculiar appearance, the cream which had risen to the surface having a deep brown color. A short time before the children's illness a similar brown stratum had been observed on the milk. Generally the milk presented no peculiar features. The composition was found to be:

Water	87.10 per cent.
Fats	3.56 per cent.
Other solids	8.34 per cent.
Total	100.00.

It was, therefore, milk of good quality; but a microscopical examination of the cream taken from this milk revealed the presence of cow's hairs, minute particles of straw, and *debris* of organic matter in great abundance. There were numerous nomads, vibrios and bacteroid bodies. The odor of the cream was slightly but distinctly unpleasant. A subsequent visit to the dairyman was made. He at firse loudly protested that he sold only *pure* milk. The cows were examined and found healthy; no cause whatever could be discovered for the impurities. Finally, on pressing the milk vender for an explanation, he stated that the cows were milked early in the morning, by his nephew, who had no light with him, and omitted to wash the teats of the cows before allowing their milk to flow into the milk pails. As some of the cows had lain down all night in such a way that their udders were in contact with the manure in or close to the channel courses, their teats were covered with filth. (A word to the wise is sufficient; this report demonstrates how easily good, pure milk can be rendered poisonous, and the remedy suggests itself at once to every intelligent man.—ED.)—*Med. and Surg. Rep.*

CORRESPONDENCE.

A LETTER FROM OUR CORRESPONDENT AT THE AMERICAN MEDICAL ASSOCIATION.

Editors Southern Medical Record:

Being appointed by our State Society a delegate to the American Medical Association at its meeting at Saint Paul, I arrived there on Tuesday morning in time to register before the 11 o'clock a. m. session.

Owing to the absence of the President, Dr. Woodward, who is in Europe on account of health, the Annual Address was delivered by Dr. Hooper, of Arkansas, First Vice-President. As far as I heard an opinion expressed, it was universally admitted to be, not only pertinent to the occasion, but masterly in elocution and beautiful in diction; and I think, with all the learning and research of our worthy President, the occa ion could not have been made more interesting or entertaining had he been present.

Doctor Hooper, our excellent *pro tem*, is a gentleman of fine presence, portly and dignified, and seemed to be at perfect ease under all the dignities of his office. He presided with a great deal of courtesy, and seemed to be just in all of his decisions. He might, with propriety, be classed as a model Southern gentleman.

There was an unusually large attendance at Saint Paul—only falling short a very few of one thousand delegates—I think 980 being registered the third day.

This large number being present in that comparatively sparcely settled country, perhaps, may be accounted for to some extent, because the Northern railroads offered such great inducements for the members to travel in the great Northwest. Then, again, possibly, many had never been to Saint Paul, and availed themselves of that pleasure, as well as to attend the meeting of the Association.

I can assure you, in speaking for myself, that a visit to the Northwest affords no little pleasure at this season of the year, to say nothing of being present at our meeting.

The morning sessions were well attended, the hall being generally crowded; many ladies availing themselves of the opportunity of seeing a big meeting of doctors.

The credentials of the delegation of the New York State Society were referred to the Judicial Council, which reported that the

New Code of Ethics adopted by said Society at its last meeting was so diametrically in opposition to that of the Association that said delegation could not be received. This decision of the Judicial Council was received by the Association with great applause. It would not be surprising if the physicians of New York, at the next annual meeting of their Society, rallied in sufficient numbers to reconsider the work of its last meeting, and as far as the amendment or change of the Code of Ethics is concerned, abrogate it entirely. The adoption of that change was only effected by a very small majority of a very small portion of membership. I think there were only about 76 members present, and the amendment to the Code, allowing consultation with Homeopaths, was carried by some 39 or 40 votes. It will be observed that this was a very meagre majority of a very small number present of so numerous a body as the Medical Society of the State of New York. It is charged that Dr. St. John Roosa, of New York city, introduced the amendment in the interest of the specialists of the city. This I can hardly believe of Dr. Roosa, as I regard him as being entirely above any such selfish motives. As far as my limited acquaintance with him extends, I regard him both as a gentleman and honorable man; and have no doubt he was sincere and honest in his resolutions respecting the Code of Ethics.

But if we are honest, the question might be asked how can we consult with our Homeopathic friends? I am somewhat at a loss in being able to formulate an answer to this question. In fact, if both sides are honest, I cannot see how it is possible for us to consult. What is there to consult about?

If the patient is sick enough for either side to want counsel, he needs medical treatment, and as our opponents don't profess to give anything but Hahnemann's decillionth doses, an understanding between us could not be arrived at.

Therefore, unless we could convince them of the necessity of medication, there would be no understanding or agreement—consequently, as before remarked, nothing to consult about. Were we to succeed in convincing them that our plan was essential, then their theory would be destroyed and their occupation gone. But, remarks some one, there is a split among them, some still adhering strictly to the Hahnemannic theory, while others are practicing pretty much as we do. The first are termed the high school, or you might say Bourbons. They are the straight-laced, high-toned, aristocratic Homeopaths. The others claim to be more liberal, and where purely homeopathic remedies are not indicated, or fail to do good, they assume the privilege of using what they

term Allopathic Medicines. Although, as a rule, we should be in favor of advancement in any department of science, yet we should contend for honesty at the same time. Therefore the Bourbons of homeopathy, I think, are more entitled to our respect for practicing the principles they profess, than those who claim to be followers of Hahnemann but practice to the contrary. It strikes us very plainly that if a man sets himself up as a Homeopath and practices as a regular, he is practicing a fraud on the credulity of the people.

Doctor Dennison, of Colorado, introduced a resolution to the effect that as the regular profession are called Allopaths by the Homeopathists, and the laity, in many instances, entertaining the same view, of course ignorantly, the Association should take some steps to declare our proper status, so that all would know that we belong to no particular school, or practice no special dogma, but obtain our remedies from all sources and kingdoms—vegetable, mineral and animal alike, and reject nothing by which good can be derived in the treatment of disease. This resolution was referred to the Judicial Council, which reported that it did not come under its jurisdiction.

When it came up for discussion it was tabled by a small majority, on the ground that our profession was so well established in principles that it needed no resolutions explanatory, and that such resolutions would only tend to magnify the matter in the estimation of our opponents. A resolution of this kind was afterwards adopted in a modified form.

Take the meeting as a whole, I think it will compare favorably in the way of scientific work with a majority of our previous assemblies.

The reports from the various sections were quite able, and evinced a great deal of research.

In the sections, many papers of great interest were read and discussed.

I had the pleasure of meeting a few of the *big* men of your State, prominently among whom were Drs. Campbell and Batty. They both took quite an active part in the discussion of gynecological matters in the section on obstetrics, and Dr. Batty gave us a very able impromptu report of his observations in Europe last year. He was a delegate to the International Congress at London. This report pertained mostly to the progress making in his special department. He was not only interesting but quite amusing.

I had hoped to meet your eminent citizen, Dr. T. S. Powell,

whom I had the pleasure of becoming acquainted with at Richmond last year.

The Association never enjoyed a more pleasant meeting than at Saint Paul. Our brethren of that city and State of Minnesota vied with each other how hospitably they could treat us. We were entertained on a scale both magnificent and munificent. Although we surprised them with numbers, the committee of arrangements proved themselves equal to the emergency, and made us all comfortable and happy.

It would be impossible to speak in too high terms of the courtesy of Dr. Stone, chairman of the committee, and the onerous and almost incessant work he performed for our accommodation and welfare. He is an energetic, whole-souled gentleman.

After adjournment on Friday afternoon, many of the members left on a Northwestern tour, all having passes on the various Northwestern railroads. Your humble servant visited Lake Superior, passed west through Minnesota, Dakota and into Montana on the Yellow Stone as high as Miles City, being 500 miles west of Fargo on Red River. Thence on our return we visited the city of Winnepeg, in Manitoba, 63 miles north of the British line. This city is in the 50th degree of north latitude. The weather, during all this trip, was fine, and I did not use my overcoat on account of cold. We passed through a great deal of fine agricultural and grazing country.

On inquiry of the Doctors, at most of the towns I visited, I learned the more prevalent diseases were rheumatism, neuralgia, typhoid fever, and in the spring some lung troubles. This was the case in Fargo, Bismarck, Miles City, Mondar and Winnepeg. I attribute the prevalence of typhoid fever in those towns mainly to the want of proper drainage.

Everything in that vast country is on such a boom that the people have but little time to devote to sanitary matters. The country is full of people waiting for houses, and so they get a house to shelter in, whether it is built over a mud-hole or not, they seem to be satisfied.

They have very severe winters up there, but the atmosphere is so very dry, they say the cold is not very disagreeable. The mercury frequently gets as low as 40° below zero.

Ord, Kentucky, June, 1882. T. B. GREENLY, M. D.

A QUACK DOCTOR, on his death-bed, willed his property to a lunatic asylum, giving as a reason for so doing that he wished his fortune to go to the liberal class who had patronized him.

ABSTRACTS AND GLEANINGS.

Pathology and Microscopy.—In a report on Pathology and Microscopy, read before the North Carolina Medical Society, by H. W. Lilly, M. D., of Fayetteville, N. C., it is remarked:

We are indebted to the London Lancet for the following general resume of recent investigations in Pathology:

The researches of the year which have most attracted attention are those of Pasteur, in France, which have reference to bacterial pathology. He has made extended investigations and experiments in this direction, and together with the contributions of Touissaint, Klebs, Arloing and Thomas, he now includes quite a large number of diseases in that class which is thought to depend upon the existence of special organisms and to which the practice of prophylactic inoculation is applicable. Typhoid fever has for some years been thought to be related in some way to a special organism, and the researches of Pasteur and Klebs have tended to confirm this to a great extent. A great many of the pathological changes which mark this disease are thought by them to bear to this organism a very intimate relation; and the idea is well borne out by the experiments of Branlecht, which were made during an epidemic of typhoid fever, and which resulted in the discovery of an organism in the drinking water very similar in its nature to that noticed by Pasteur and Klebs.

Diphtheria has been produced by Talamon by means of inoculation, the inoculating matter being obtained from the throat, lungs and kidneys of a diphtheritic patient. This shows the existence of a special organism.

Investigations have been made by Cornil and Neisser which show conclusively that leprosy depends upon the presence of a special bacterial organism; and by a close study of the manner and growth of these organisms, the peculiar development of the bacteriæ is thought to account for the strange lesions by which the disease manifests itself.

In syphilis, there has been discovered by Aufrecht a specific micrococcus which is thought to be the pathogenic agent. This view, however, has not been supported. It seems, therefore, that bacterial organisms are not confined exclusively to acute diseases; and their recent detection as morbid agents in the production of a few chronic disorders has given birth to the hope that a great many chronic diseases, enveloped now in mystery, may be traced to a similar origin, and be amenable, therefore, to a more rational and decided plan of treatment.

So great has been the interest and enthusiasm manifested by investigators in bacterial pathology during the past year, that it has tended to divert their attention from other important subjects.

But in the Annus Medicus we find a condensed account of the labors of pathologists in other directions. It is little more, however, than a mere index to their work.

Among chronic diseases, tuberculosis has been afresh studied in

its aspect as an infectious disease by Rindfleisch and Creighton, but with no very important additions to the literature of the subject. Some interesting and rare forms of local tuberculosis of the mouth and throat have been described by Russner and Echhoff, and of the urinary organs by Finne, while the histology of tubercular disease of the testes has been carefully studied by Waldstein. The relation of tuberculosis and scrofula has been the subject of animated discussion in Paris, but, while it directed attention to the subject and stimulated further study of the two kindred diseases, it was productive of no new developments. The study of structural blood-diseases has been mainly confined to their connection with blood formation in bone-marrow.

Lyon has examined the changes in the blood in traumatic anæmia, and the result has established the fact that it constitutes a distinct variety of anæmia, but its exact nature was not satisfactorily determined. Compared with the progress of previous years, very little of importance has been discovered in regard to the localization of nerve centres in the brain. What new facts have been noticed have increased rather than lessened the difficulties which before existed in the correct interpretation of experimental facts.

In diseases of the spinal cord, it has been established by Dreschfield that locomotor ataxia may be due to sclerosis (primary) of the lateral, as well as of the posterior columns. It has heretofore been the accepted idea that the posterior columns alone were involved in this affection. When the lateral columns are the primary seat of disease, the ataxis is accordingly modified in its manifestations.

The discussion regarding the relation existing between syphilis and locomotor ataxia has been continued during the present year by Erb, Gowers and others; and it has been conceded that a syphilitic individual is especially predisposed to ataxic disease.

Brown-Sequard has continued his investigations in regard to the production of paralysis and contractures through the agency of the peripheral nerves, and has clearly demonstrated that mechanical irritation of the medulla oblongata may give rise to pulmonary emphysema through the agency of the pneumogastric nerves.

Hereditary Alcoholic Appetite.—A gentleman farmer, living in the northern part of England, was much given to strong drink. He was fond of good living and good company. After his marriage he became more intemperate than before, and at last died a confirmed sot, from paralysis and kidney disease. He left six children, three sons and three daughters, who all in time became drunkards; but the eldest son, born when the habits of his father were not so intemperate, was less addicted to it than the others. The second son, while studying law, fell into every kind of debauchery, finally came to America, and died a sot in a hospital in New York. The third son was brought up for the ministry, and gave much promise of ability and moral worth, but he also fell into dissipated ways; and often went drunk into the pul-

pit. Expelled from his ministerial office, he lived a short life of poverty and drunkenness, and died in a workhouse. The eldest daughter tapped a barrel of rum in her husband's absence, and was found by him dead under it. The second daughter died in a fit of delirium tremens. The third daughter was not so violent a drunkard as her sisters, but nevertheless got drunk whenever she had an opportunity.

The eldest son succeeded to his father's property, and, while he drank more moderately than his brothers, was still spoken of as intemperate. He died a violent death, leaving two sons and three daughters. His eldest son, after a short life of dissipation, died a drunkard. The second son committed a murder under the influence of drink. The eldest daughter had a delicate constitution, and died in giving birth to her first child. The second daughter died of consumption. The third daughter was confined in an insane asylum soon after her marriage.

It is not too much to say that all this ruinous train of circumstances arose from the condition of drunkenness in one man. It not unfrequently happens that generally temperate parents have an intemperate or an idiotic child. This may result from one or both parents having been under the influence of drink when the child was begotten.

Carpenter mentions a case in which a child begotten when both parents were partially intoxicated (but who were generally temperate) was completely idiotic.

"A child, begotten the night its mother had returned from a ball, when she had indulged in considerable wine, early manifested a strong love for drink, and died a drunkard, although none of her other children were addicted to its use."

If we consider the nature of this appetite, we shall find that to a certain extent it is a natural one. An appetite for a stimulant of some kind has been natural to all men, in all countries and ages. Opium, Indian hemp, tobacco, betel-nut, tea, coffee, and oil, are but different articles used by different people as substitutes for alcohol. The craving for alcohol and the condition of habitual drunkenness are but abnormal and excessive developments of this desire for stimulants.—*Dr. Griswold in Ind. Prac.*

Mercury Used in Dentistry.—Dr. Eugene S. Talbot, of Chicago, in American Medical Association, read a paper on "The Injurious Effects of Mercury used as in Dentistry." The paper was confined to the use of amalgam fillings in natural teeth.

There can no longer be doubt that amalgam fillings in teeth will sooner or later produce mercurial poisoning. The dire effects of this metal are not always seen immediately after the fillings are inserted, years sometimes elapsing before the injurious effects were felt and noticed.

The history of two well-marked cases were here given by Dr. Talbot, the persons affected having called upon him for treatment. The amalgam fillings were removed, and gutta percha temporarily substituted, these in turn being replaced with gold, after which all symptoms of mercurial poisoning disappeared. A detailed ac-

count of a series of experiments made by him were then presented, the conclusions and results being as follows:

1st. Mercurial vapor is given off from amalgam fillings at all ages and from all varieties, even from fillings sixteen years old, the vaporization being sufficient in quantity to respond to chemical tests.

2d. Minute doses of mercury, if taken internally three times a day, are capable of producing decided effects.

3d. Mercury when inhaled into the lungs is far more active than when taken into the stomach.

4th. If small doses taken into the stomach occasionally are capable of producing marked effects, and the vapor is much more active than the solid preparations of the metal, is it not a necessary consequence that amalgam fillings which are constantly giving off mercurial fumes to be inhaled into the lungs, not a few times daily, but always, without cessation, day or night, is it not a necessary consequence that in many sensitive persons such fillings must produce deleterious effects?

5th. When tons of this material are consumed annually, is it not credible that many constitutions are affected?

6th. Physicians in treating dyspeptics, anemics and persons suffering from nervous debility, would do well to examine the mouths of patients and know if artificial teeth on red rubber or fillings of natural teeth have in their composition mercury or any of its compounds.—*Detroit Clinic.*

The Autopsy Upon the Body of Guiteau.—We have the pleasure of presenting to our readers the fullest and most authentic report as yet obtainable of the autopsy held upon the body of Guiteau.

It is already known that the arrangements for the examination were deficient in many respects, owing either to lack of opportunity or of knowledge on the part of those directly responsible. With every wish, no doubt, for the contrary, there was an utter failure to arrange for a thorough and scientific study of the brain. We would not deprecate the value of our correspondents' work, however. All the facts of scientific value, and they are many, that could be gleaned between the tumbling of the brain into a grocer's scales and the final distribution of fragments are presented here by them.

We learn that the membranes were slightly diseased. This disease was of a character which indicated nothing regarding Guiteau's insanity.

As to the brain itself, and its convolutions, there was a high degree of fissural ornamentation, a well-marked symmetry of fissural arrangement on the two hemispheres, and an absence of the confluent fissural type. There was a well-marked fissural and general development of the frontal lobes. These also, we are told, had a peculiar shape. There was no gross evidence of disease anywhere in the brain-tissue. It is not at all likely that the microscope could have revealed anything. Under the unfortunate plan

of unsystematically cutting the brain in pieces, hardly anything can be expected from the microscope now.

On the whole, therefore, the evidence gathered by Drs. Morton and Dana shows that the brain had probably no detectable disease, that it had a somewhat peculiar fissural arrangement, and that it was of rather a high type. The cause of Guiteau's morbid mental state lay in structural or chemical deviations too delicate for detection with our present knowledge.—*N. Y. Med. Record.*

Oxyuris Vermicularis.—Dr. James P. Kingsley writes about these worms in the St. Louis Medical and Surgical Journal. They may exist in considerable numbers, and for a long time, in a child, without attracting notice by any symptoms of importance. The most frequent symptom is scratching of the anus, especially at night, after the child has become warm in bed, an increased amount of mucus at that time favoring the movements of the worms. There are frequent attempts to evacuate the bowels, which in many cases, results in the discharge of a small quantity of mucus. Often there is such violent straining at stool that the bowel becomes prolapsed. Sometimes the worms migrate into the vagina, and there excite great irritation, inflammation of the vulva and leucorrhœa. In the male they may cause erection and sometimes balanitis, also pain upon micturition and defecation.

Since these parasites inhabit the large bowel only, and usually the lower portion of it, they can readily be removed by the use of proper enemata. The best treatment is the daily injection of two or three ounces of lime water into the rectum, together with the occasional administration of a mild purgative, either a teaspoonful of castor oil, or one grain of calomel rubbed up with five grains of sugar, at bed-time. A solution of common table salt injected daily answers an admirable purpose.

When there is a relaxed condition of the bowel, evidenced by its protrusion when straining at stool, an astringent injection should be used. In such cases he uses the following—

℞ Ferri sulphatis..... ʒj,
Infus. quassiæ,..... Oj.
M. Sig. Inject four ounces every morning.

The mother or nurse must be careful to wash away all the parasites she can find in the folds about the anus. The great itching that comes on after the patient has gone to bed may be effectually relieved by an application, to and within the anus, of the following ointment:

℞ Iodoform,..... ʒ ss,
Ung. zinci. oxid..... ʒ ss.

M. In addition to local treatment, tonics are usually required, more especially in strumous children. The preparations of iron are decidedly beneficial.—*Med. and Surg. Rep.*

STUDENT.—"How is it, Doctor, that I always take cold in my head?" Doctor.—"It is a well-known principle, sir, that a cold is most likely to settle in the weakest part!"

Dr. Byrd on Surgery.—The following is an extract from Dr. Byrd's address on Surgery, Excisions of the Alimentary Canal, etc., at Ameaican Medical Association:

The history of excisions of portions of the alimentary canal by the surgeon, dates back but a few years, and may be said to be the result of evolution beginning with McDowell's first ovariotomy. In cases of obstruction from stricture, medicine had failed for ages to afford relief, and surgery offered no hope. Occasionally where the constriction was caused by the strangulation of an extended bowel in hernia, the intestine would slough and be thrown out through an abscess, and nature would form an artificial anus. The great fear of entering the peritoneal cavity deterred the surgeon from hoping for anything better or resorting to any more radical means for the relief of the poor sufferers. Dr. Nicholass Senn, of Milwaukee, in a very able and exhaustive report to the Wisconsin State Society on the recent progress of surgery, says: The results of the cases of excision of the stomach may not seem promising, but when we come to review the earlier history of anatomy

THE PICTURE IS NEARLY AS DARK,

and it must be taken into consideration that many of these operations were undertaken after extensive adhesions had formed and neighboring tissues become involved. May we not hope with earlier and more accurate diagnosis that the diseased mass may be removed so as to restore the patient to years of health and usefulness? The details of the technique of the operation are so well described in a report of Dr. F. J. Lutz to the St. Louis Medical Society and published in June, 1882, that I forbear to quote. The remarks of the late Dr. John T. Hodgen relative to the operations were quoted in length. From the cases and the analogous ones which the author has studied he draws the following conclusions:

First—Resections of the small intestine may be done to a considerable extent without interfering in any appreciable degree with digestion.

Second—Practiced under suitable conditions the operation is to be considered perfectly legitimate.

Third—The resection may be performed by bringing the divided ends directly into apposition and closing the abdominal wound, by forming an artificial anus. The second and third procedure expose to less subsequent danger.

Fourth—Resection of fibrous and cicatricial structure which are probably more frequent than is generally supposed may cause a radical cure, and the same is the case with epithelioma. On the contrary, resections of cancerous obstructions gives only temporary relief, and at a greater risk.

Fifth—By proper diet after the operation the risk of fecal extravasation may be reduced to a minimum, and the best diet for this purpose is one containing as little fluid as possible.

Sixth—By introducing liquids per anum, and drink in the same way, water is absorbed as by the mouth and there is no sense of thirst; the flow of intestinal fluids is less considerable and the patient is more comfortable.

My first case was that of a farmer at Seehorn, Ill., aged fifty-

five. For years he had been treated for strangulated inguinal hernia, which could not be reduced

Found him with clammy sweat, almost pulseless and unconscious. Cut for the hernia and found eight inches of the ileum and a piece of omentum the size of my hand gangrenous. The bowel had separated at the junction of gangrenous and living portions, permitting extravasation of fecal matter. The omentum was ligated just above the gangrenous portion and the gangrenous part cut off. The ends of the ligature were left long so as to hang out of the wound. The sound omentum was dropped into the abdomen. The two ends of the bowel were stitched into the abdominal opening so that any fecal matter would be passed to the outside. They resembled to some extent the muzzle of a double-barreled gun presenting at the opening. The opening was left large enough to permit the insertion of the nozzle of a syringe into the abdominal cavity so that it might be washed clear of any bits of fecal matter or inflammatory products. The cavity of the abdomen was syringed out with tepid water, a teaspoonful of table salt and carbolic acid to the gallon, night and morning. Quinine and nourishing diet was ordered liberally. The patient rapidly recovered, and two months later was operated on for the cure of the artificial anus. * * * * * * * * * *

Heretofore the closure of the artificial anus in many cases has been looked upon as a very difficult thing to accomplish, but I think the plan devised for its cure will make the cases few indeed where it cannot be done.—*Detroit Clinic.*

Syphilitic Infection of the Finger by Medical Men.—Prof. Fessenden N. Otis, M. D., communicates to the Independent Practitioner of March particulars of eight cases of syphilis contracted by physicians in making digital examination of the vaginæ of syphilitic women. The initial lesion of this form of syphilis is described as being uniformly a papule, "coming soon to be of a deep red color, and presenting a superficial abrasion, becoming circular and deeper by a slow molecular necrosis; not by ulceration with formation of pus; the secretion thin and serous, and drying into a scab which is soon displaced by the fluid accumulating underneath." He also remarks "the entire absence of induration; in its place a slight, flat, juicy-looking, boggy swelling, or elevation, about like a small peppermint in size and thickness."

As proof of the efficacy of treatment, which was continued in five of the cases for one and a half to two and a half years, he states that subsequently "eight healthy children have been born, and both they and the parents have continued free from any evidence of syphilis."—*Med. and Surg. Jour.*

Iodoform in Gastric Ulcer.—Dr. M. J. Redmond (British Medical Journal) uses iodoform in the treatment of gastric ulcer, one three-grain pill three times a day. The vomiting of blood, which had been persistent, diminished under the influence of this drug, and finally ceased; pain and tenderness decreased, and within a month the patient had entirely recovered.—*Detroit Clin.*

Treatment of Acute Tonsilitis by Ice and Quinine.—To conclude our exercises this morning, I will show you a case, not of very great interest itself, but one that is frequently encountered in private practice, and therefore important for you to see.

This man is suffering with violent acute tonsilitis; the tonsils, as you see, are still inflamed; they were enormously swollen. He had, when he came in, eight days ago, considerable fever; the temperature at one time was 103½°, but it did not long remain at this height. The attack began with a chill, soon followed by fever, mucous expectoration, sore throat, but nothing like a diphtheritic deposit upon the surface. Both tonsils were swollen; he had high fever. It was a case of more than average severity, and in such cases the attack usually terminates with suppuration of the tonsils. It is rare that treatment will succeed in making the inflammation subside without it.

We gave him ten grains of quinine daily at first, in a single morning dose; afterwards in divided doses. We allowed him to suck ice freely, and, also, bearing in mind our recent case of parotid swelling, we applied the ice in bags to the outside of the throat, assiduously. This was carried out very effectually; for in place of the profuse suppuration which usually takes place in such cases in the tonsils, it has only been superficial and very slight, and has affected only one tonsil. Therefore we have reason to be pleased with the effects of the ice and quinine treatment in this case. Otherwise nothing locally was done; he used a little water as a gargle but no astringents; we relied solely upon the ice which he sucked and had applied to the angles of the jaw.

Now, gentlemen, this is a frequent disease and is very painful; if suppuration occur it is prolonged. I have called your attention to it solely with regard to its therapeutics; it presents no difficulty in diagnosis, though obscure in its pathology. In severe cases I believe that the treatment followed in this patient promises very satisfactory results.—*Med. Summary.*

Poisoning by Winslow's Soothing Syrup.—In the Sanitary News, December 15, 1881, there is a report of another death of a child eight months old, from the administration of a teaspoonful of "Mrs. Winslow's Soothing Syrup," the symptoms of poisoning by morphia being well marked. Analyses of this dangerous nostrum have shown that each ounce of the syrup contains *one grain* of morphia; so the dose, according to the directions on the bottle, for a child eight months old, contained *one-eighth* of a grain of morphia. It is about time that legal proceedings should prohibit the sale of such dangerous compounds, when advertised as inoffensive.—*Eclectic Med. Journal.*

The Abortive Treatment of Buboes.—Dr. M. K. Taylor, (American Journal of Medical Sciences, April, 1882), claims good results in the abortive treatment of buboes by injections of carbolic acid. He reports twenty cases in which he obtained remarkable success, and states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of

lymphadenitis, arising from specific and non-specific causes; and where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution of eight or ten grains to the ounce of carbolic acid directly into the interior of the inflamed gland. This treatment is of course not original with Dr. Taylor.—*Chicago Med. Review.*

Necrosis from Arsenic.—Dr. Goodwillie, in American Medical Association, (Detroit Clinic.) called attention of the section to cases of necrosis from arsenic, and illustrated them with wax models.

Case 1 shows, by two models, necrosis of lower jaw from each ramus forward. The case before and after, with a new deposit of bone without any deformity. Photograph of the lady also shown.

Case 2. Two models showing a case of poison by arsenic and necrosis of right superior maxillary.

a. Showing case one week after removal of necrosed bone. Without, in the least, disturbing the soft tissue. Also showing the formation of new bone.

b. The new bone complete and the mouth perfect; and no external deformity.

Case 3. Upper maxillary showing abscesses formed at nearly all the teeth, the result of applying arsenic to destroy sensibility of the dentine before filling the teeth.

The above will serve to show the sad results of the improper use of this powerful agent in devitalizing dental pulps.

Neuralgia.—Dr. Reginald G. Alexander, writing in the Lancet, makes the statement that it is now a well established fact that neuralgia is a disease arising from debility, and since it is very often mistaken for rheumatism, gout, spinal irritation, etc., he gives the following diagnostic points by which it can be differentiated: 1. Neuralgia occurs when general debility exists, is increased by fatigue, mental or bodily, but is relieved by food, and sometimes by stimulants. 2. The pain, which is sudden, darting and excruciating, exhibits remarkable intermissions, especially in the early stages of the complaint, and the constitutional disturbance is slight (temp., pulse, etc., frequently normal). 3. It is usually unilateral. 4 As the disease advances, tender spots are formed in the course of the affected nerves. Realizing that debility plays so important a part in this disease, he says, as would be supposed, that the treatment must be directed in every case toward improving the general health. Pure air night and day, great cleanliness and sponging with sea salt and water. Hypodermic injections of morphia give immediate relief and are really curative, since by allaying pain they allow the tonic measures to be carried out.—*Med. and Surg Rep.*

Oral and Dental Surgery.—Dr. D. H. Goodwillie, of New York, chairman of the section on oral and dental surgery, at the American Medical Association, spoke of the two divisions in this department of the healing art: 1st, dental art or prosthetic dentistry; 2d, oral surgery.

The first is nearly all of a mechanical nature, while the latter treated of all the diseases of the mouth.

He believed that the teaching of this specialty should be from established chairs in medical colleges, where all students, before graduating, should be examined on the principles and practice of this department. Besides practical instruction should be given in an infirmary or hospital devoted to this class of affections. He gave illustrative cases from his personal experience of diseases of the mouth and associate parts, such as inter-oral extirpation of the maxilla with reproduction of bone and no deformity; inter-nasal extirpation of bones of the nose; a new operation for closure of the hard palate and lip in early infancy; treatment of abscesses of the jaw and neighboring parts, etc. These cases were illustrated by diagrams, instruments, and over twenty models in wax.

He closed by saying that he hoped the time was not far distant when there would be endowed universities where every branch of the healing art and allied sciences would be theoretically and practically taught.—*Detroit Clinic.*

Vaccination after Small-Pox.—Dr. C. F. Armstrong, of Corunna, Mich., writes:

"I had small-pox in 1856, treated by Prof. Sagar, of Michigan University. A few days since, I was vaccinated by Dr. H. B. Shank, of Lansing, and have as nice a vaccine pock as any one would care to see. I have treated many cases of small-pox in hospital and camp, also in private practice without taking the disease."—*N. Y. Med. Record.*

Two physicians applied a galvanic battery to a colored boy in Richmond, Va., who was said to have been struck dumb for lying to his mother, and he quickly began to talk, in the most distinct and emphatic manner.—*Ex.*

Prescription for Membranous Dysmenorrhœa.—Dr. Wm. H. Mussey, of Cincinnati, Ohio, in the Transactions of the Ohio Medical Society, 1879, gives the following prescription for membranous dysmenorrhœa, which we have once before published, but which we are requested to republish:

℞ Pulveris guiaci resinæ }
Terebenthinæ canadensis } .....aa ℥j.
Olei sassafras.....f. ʒij.
Alcoholis.....f. ℥viij.

M. Macerate for seven days and strain.

Then add:

Hydrargyri chloridi corrosivi.....gr. x.

Sig. Take twenty drops in wine or sweetened water, night and morning.—*Va. Med. Monthly.*

SCIENTIFIC ITEMS.

There is apparently no limit to the activity of American inventors. During the first five months of the present year, there were filed at the Patent Office 13,244 applications for patents, being 2,307 more than for the same period in 1881, and 3,039 more than for the corresponding months of 1880. The receipts of the office for the same time were $428,805.65, being an increase of $64,623.55 over 1881, and $90,660.85 over 1880. The total receipts for the present year, should the rate here shown be maintained, will be over one million dollars, and the number of applications more than 36,000. Of this multitude of inventions, covering every field in which human intelligence is at work, a large proportion, of course, will be of questionable or trifling utility. But a respectable percentage, at least, are of genuine value, and here and there in the list will be found such fruits of genius and patient labor as become landmarks in the history of the world's progress. One has only to reflect upon the astonishing number of these yearly contributions to the resources of science and art, to realize in what a pregnant age we are living, and how swift is the march of civilization toward a future of which the most sober estimates seem like the play of an extravagant fancy.—*Mechanical News.*

A Demonstration of a New Method.—Some time ago a most interesting demonstration of a new method of preserving meat was given at York terrace, Regent's Park, England. Instead of steeping the meat in an antiseptic, the preservative compound was introduced into the veins of the living animal, and from them into every part of the body. The sheep upon which the experiment was performed was first stunned by a blow on the head given with a wooden mallet. The left jugular vein was then laid bare, a pint of blood drawn off and about two pints of the preservative, dissolved in warm water and kept at blood heat, was injected into the opened vein. The sheep was then killed in the ordinary way, the whole occupation not occupying more than four minutes. The antiseptic used in this experiment was boracic acid, which did not in the slightest degree affect the quality or flavor of the meat, while the results of later experiments show that meat so treated will keep perfectly good without the use of ice or refrigerators for five or six weeks in summer and two or three months in cold weather.—*New York World.*

There is something stimulating to the imagination in the estimate of two million horse-power as the useful capacity of the American Fall at Niagara—in the ponderous machinery which it is proposed to erect on the brink of the falls for converting this power into electric energy—and in the 10,000 miles of copper cable by which this force is to be distributed to sixty-five leading American cities and used by them for heating, illuminating and

general industrial purposes. The scale on which this enterprise is projected ought to satisfy the most ardent enthusiast; and the statement has been made so many times that the author of the scheme has bought the twelve acres known as Prospect Park, as a preliminary step to getting his Archimedean lever in position, that it would be hardened skepticism to disbelieve it any longer. But the unpleasant reflection arises that the work of getting the project on paper, which is all that has yet been done, is at once the easiest and most inspiring part of the job. The prosaic details of the actual performance are yet to come, and will be much more tedious than the bold sketching of the outline. If nothing more is intended, however, than to create a company, and induce a sufficient number of credulous capitalists to put their good money into the undertaking, after the fashion of the Keely Monor stockholders, there are no mechanical obstacles to be overcome, and the Niagara genius has smooth sailing before him.—*Mech. News.*

A New Theory of the Formation of Coal.—After a protracted microscopic study of coal, Prof. Reinsch has come to the conclusion that coal was not derived from land plants, but chiefly from microscopic forms of "a lower order of protoplasm." He holds that plants of a higher order have contributed but a fraction of the mass of coal veins, however numerous they may have been in some instances. In a recent lecture, stating his conclusions, Prof. Reinsch referred to the fact that Dr. Muck, of Bochum, held that algæ have mainly contributed to the formation of coal, and that marine plants were rarely found in coal because of their tendency to decompose, and that calcareous remains of molusks disappeared on account of the rapid formation of carbonic acid during the process of carbonization.—*Independent Practitioner.*

Metalic Writing Pencils.—These pencils consist, according to the Industrieblatter, of an alloy of lead, bismuth and quicksilver. The ingredients vary according to desired hardness of the pencils. The ordinary proportions are: Lead, 70; bismuth, 90, and quicksilver, 8 parts by weight. A larger proportion of lead and quicksilver makes the pencil softer, and produces darker marks in writing. The lead and bismuth are melted together and allowed somewhat to cool, when the quicksilver is added and the composition cast in proper moulds.—*Druggists Circular.*

Baptiste-Jacob, the New Siamese Twins.—The brothers Tocci, born in Turin in 1877, are considered to be even more curious than the famous Siamese twins. They have two well formed heads, two pairs of arms and two thoraces, with all internal organs; but at the level of the sixth rib they coalesce into one body. —*Ex.*

A RECENT German improvement in grain-cleaning machines consists in making the casings of stoneware made of ferruginous clay. The advantages claimed by the inventor for this covering over metal are that it lasts longer and works better, as the working-surface will not wear smooth.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

A Common Error that should be Corrected.—G. G. Roy, M. D., Professor of Materia Medica in Southern Medical College, Atlanta, Ga., sends us the following practical hint, which it is well to observe:

We frequently see in print formulæ thus expressed: (Copied from the Medical and Surgical Reporter, Philadelphia.)

℞ Creasoti,..... *m* xx ad f. ʒss,
Zinci oxidi,..... ʒiss,
Ungt. simp. benzoat,..... ʒi. M.

Now, the books teach, and we teach in our classes, that a *minim* (m) is equivalent to *two drops;* and young graduates (and many of the older) who have been so instructed, might very naturally make a serious, if not a fatal mistake in prescribing poisonous liquid medicines, if the druggist gave the value of the *minim* as equivalent to *two drops*, when it was intended to represent *one drop;* or the patient might suffer, and the physician be disappointed in the effect or want of effect of the medicine, if he intended the *minim* as 2 drops and the druggist used one.

It is true that in the above formula the "ad. f. ʒss" shows that the minim is intended to represent *a drop*—since, if representing *two, forty drops* would be used, which is more than half a fluid drachm—but it is not always thus written. The *minim* is rarely used with us, and the mistake not likely to occur with our druggists; but in using a prescription, which has proven valuable in the hands of other physicians, where the *minim* is directed instead of "*gtt*"—the physician borrowing it would not know which was intended (unless the formula is similar to the one quoted above) and of course could not enlighten the druggist.

The *minim* should be used only to represent *two drops*, (the books teach this) or it would be best to write "*gtt*" altogether, as all know that this symbol means *a drop*.

Uniformity in a matter apparently so simple as this, is nevertheless very desirable, and may sometimes prevent serious, if not fatal consequences to the patient, and relieve the physician and druggist, to say the least, of much severe criticism and even criminality.

Treatment of Uterine Fibroids.—Fibroids of the uterus may often be successfully treated by the use of suppositories of ergotin made according to the following formula:

Ergotin.....gr. 1-12; 0.006 Gm.;
Cacao butter.....gr. xxiij; 1.50 Gm.;
Vaselin.....q. s.

For one suppository.

These suppositories are of equal use in cases of menorrhagia, metrorrhagia, and chronic metritis.—*Le Prog. Med.; Lon. Prac.*

Chronic Ulcer.—Dr. Erichsen, in Detroit Clinic, reports a case of chronic ulcer cured as follows—

John G., aged 58. This man had a small ulcer on his right leg. No specific history. The cause could not be ascertained. His general health was good. I prescribed—

℞ Iodoformi, ... ½ drachm,
Balsam Peru, ... q. s,
Cerati simp ..... 1 ounce.
M. Ft. unguentum.

Sig. To be applied to ulcer night and morning.

Improvement took place rapidly, and in five weeks the man was relieved of his trouble.

Comedone Wash—

Cologne ..... 100 parts,
Benzoic acid ..... 5 parts,
Balsam Peru ..... 1 part,
Mix and add :
Alcohol ..... 300 parts,
Conc. acet. acid ..... 500 parts.

ANOTHER ONE.

Ac. oxalic ..... 5 parts,
Borax ..... 10 parts,
Rosewater ..... 135 parts,
Glycerine ..... 50 parts.

These might replace the secret or patented Comedone washes. —*New Idea.*

New Treatment for Vaginitis.—M. Terrillon proposes a method of treatment which consists essentially in the introduction into the vagina of the following ointment—

℞ Ac. tannic ..... 50 grams,
Amyli ..... 150 grams,
Ung. petrolei ..... 150 grams.

M. This ointment is placed in a sort of speculum, so arranged that the ointment can be forced out as the instrument is withdrawn from the vagina. If the vulvar opening is large a small tampon of cotton may be introduced. Generally from fifteen to twenty grams of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.—*Med. and Surg. Rep.*

Mercurial Salivation.—For the prevention of it, Professor Panas prescribes the following—

Powdered cinchona ..... 3 parts,
Powdered rhatany ..... 1 part,
Powdered chlorate of potash ..... 1 part.

Rub the gums ten or twelve times a day.—*Ibid.*

Camphorated Dover Powders.—Dr. A. H. Chenoweth, of Olney, Missouri, says: I have been using for three or four years an anodyne and diaphoretic powder of my own invention, made after the following:

℞ Powdered opium ..... ½ scruple,
Powdered ipecac ..... 1 scruple,
Powdered camphor ..... 2 scruples,
Powdered potassa bromidi ..... 8 scruples.

Throw together in a mortar, and rub into a fine powder. Dose, the same as the old powder.—*Brief.*

Treatment of Amenorrhœa.—A large number of remedies have been credited with emmenagogue properties, many of them being inert, and some of them simply irritant poisons whose employment has frequently resulted fatally, especially when used with criminal intent, as abortifacients. Strychnia affords excellent results in many instances. A favorite with me is the following—

℞ Strychniæ sulph ..... gr. j,
Quiniæ ..... ℥ j,
Ferrum per hydrogen ..... } aa ℥ ij,
Asafetidæ pulv ..... }
Ext. qussiæ ..... q. s.

In pil. No. 60 div. Sig. One four times daily.

I usually add at bed-time ten drops of Squibb's fluid ext. ergot in water; and a forcible jet of cold water along the spine every morning on rising for a few minutes, with brisk friction of the abdomen, succeeds admirably in many cases. Exercise in the open air, equestrianism particularly, with attention to a normal action of the skin, kidneys, and bowels is essential.—*Med. Summary.*

Ring Worm.—

℞ Adipis ..... 6 drachms,
Glycerinæ ..... 2 drachms,
Sodii carbonat ..... 1 drachm,
Calcis pulv ..... ½ drachm,
Carbonis (liq.) pulv ..... 1½ ounces.

M. Sig. Before applying this salve remove scabs by using starch poultices. Treatment should be kept up two or three months in cases of tinea tonsurans.—*N. O. Med. Jour.*

Chordee.—

℞ Chloral hydrat ..... ½ drachm,
Camphoræ ..... 12 grains,
Morph. acetatis ..... 2 grains,
Ol. theobroma ..... q.s.

M. Ft. suppos. no. 6 (15 grains each).

Sig. One every hour in rectum until relieved.—*Med. and Surg. Reporter.*

EDITORIALS AND MISCELLANEOUS.

PLEASE NOTICE.—Subscribers in arrears please remit without further delay.

SUBSCRIBERS Receipted will appear in our next.

SEE the advertisements of two Medical Colleges in this Journal.

THE next meeting of the American Medical Association is appointed for Cleveland, Ohio, June, 1883.

CORRECTION.—In Dr. Hobbs' article in the June number of our Journal on *Entropion and Trichiasis* in 23d line from the end read eliptical for conical, and in 17th and 19th lines from the end 10 and ten should read — 10.

SOUTHERN MEDICAL COLLEGE, ATLANTA.—The curriculum in this new and progressive Institution is now complete—the following additional lecturers having been appointed:

H. F. Scott, M. D., Lecturer on Dermatology.

B. H. Catching, D. D. S., Lecturer on Dental Surgery.

W. C. Jarnagin, M. D., Auxiliary to the chair of Obstetrics and Diseases of Women and Children.

"*MEDICAL COLLEGES AND QUACKERY.*"

Under this head the editor of the Atlanta Medical Register, in the July number, after some very timely and sensible comments touching the duties of Medical Colleges in properly and thoroughly training the students under their care, and the just expectation of the profession and the public that only correct principles be inculcated and enjoined upon those receiving diplomas, thus remarks:

"Having once felt these impulses, and being still impressed with the value of such influences, our astonishment can be imagined when, only a few days ago, we discovered in the list of recent graduates of an old and well-known Medical College the name of a notorious nostrum vendor. Standing side by side with aspiring and worthy young men, he received the indorsement of a corps of dignified professors and was sent out to the world with the seal of the institution upon him, not to practice medicine, ah, no; not that, no such drudgery for him; but, under cover of a diploma, unconditionally granted, to continue to ply his vocation undisturbed, and to continue to dispense his secret compound without the fear of the law before his eyes.

We are not apprised of the arguments advanced by these gentlemen, if any there were, to explain or excuse this act. We are merely dealing with the fact as it appears in their printed announcement and with the principle which the act involves, and whatever motive may have prompted them to lend their aid to the accomplishment of this unhallowed end, we emphatically assert that it was not considerate of the class; it was not complimentary to the alumni; it can scarcely reflect credit upon the College, and it surely will not tend to exalt the standing of the medical profession.

As the name of the Institution against which the above charge is brought is not given, we feel it just and proper to inform the profession that it does not apply to the Southern Medical College of this city, with which two of our editorial corps are connected; and we take occasion to say in behalf of the Faculty of this Institution (the new school) that no "notorious nostrum vendors" can be found among their list of graduates; and we take occasion to repeat, what has often been avowed by the founders of the Southern Medical College, that they have earnestly and dilligently labored to elevate the standard of medical education in the South, and that it is their aim to establish a great leading, central Institution in Atlanta for the Southern States; one of which the profession will be proud, and whose diploma will convey to its possessor a title to high and honorable recognition in the ranks of the medical profession everywhere.

It is hoped that the friends of medical education will appreciate these pledges, and will give to the new Institution their hearty cooperation and support.

OFFICERS OF AMERICAN MEDICAL ASSOCIATION.

REPORT OF THE COMMITTEE ON NOMINATIONS.

President, Dr. John L. Atlee, Lancaster, Pa.; First Vice-President, Dr. Eugene Grissom, Raleigh, N. C.; Second Vice-President, Dr. A. J. Stone, St. Paul, Minn.; Third Vice-President, Dr. J. A. Octerlony Louisville, Ky.; Fourth Vice-President, Dr. H. S. Orme, Los Angelos, Cal.; Treasurer, Dr. R. J. Dunglison, Philadelphia, Pa.; Librarian, C. H. A. Kleinschmidt, Washington, D. C.

Judicial Council to fill vacancies—Dr. N. S. Davis, Ill.; Dr. J. M. Brown, U. S. N.; Dr. X. C. Scott, O.; Dr. M. Sexton, Ind.; Dr. N. C. Husted, N. Y.; Dr. Wm. Lee, Md.; Dr. J. E Reeves, West Virginia.

The next place of meeting—Cleveland, O.

Chairman of Committee of Arrangements—Dr. X. C. Scott, Cleveland, O.

Section in Practice of Medicine—J. H. Hollister, of Chicago, Chairman; John G. Lee, Philadelphia, Secretary.

Section in Surgery and Anatomy—W. F. Peck, Davenport, Iowa, Chairman; Paul F. Eve, Nashville, Tenn., Secretary.

Section in Obstetrics—John K. Bartlett, Milwaukee, Wis., Chairman; G. A. Moses, St. Louis, Mo., Secretary.

Section in Medical Jurisprudence and State Medicine—Foster Pratt, Kalamazoo, Mich., Chairman; Thos. L. Neal, Dayton, O., Secretary.

Section in Ophthalmology, Otology and Laryngology—A. W. Calhoun, Atlanta, Ga., Chairman; Carl Seiler, Philadelphia, Pa., Secretary.

Section in Diseases of Children—R. F. Blount, Wabash, Ind., Chairman; J. H. Sears, Texas, Secretray.

Section in Dentistry—D. H. Goodwillie, N. Y., Chairman; T. W. Brophy, Chicago, Ill., Secretary.

Committee on Necrology—J. M. Toner, D. C., Chairman.
Committee on Publication—W. B. Atkinson, Chairman.
Assistant Secretary—Dr. I. N. Hines, Cleveland, O.
Committee on State Medicine—D. C. Ewing, Ark., Chairman.

DR. J. E. JANVRIN, of New York, requests us to call the attention of our readers to the fact that a "System of Gynæcology by American Authors" is in process of preparation, and it is intended that this shall be as nearly encyclopædic as possible, and that to him has been allotted the task of writing the chapter on the "History and Statistics of Ovariotomy," and he asks information from medical brethren on this subject. It is desirable, too, to have all material ready for the press by the end of this year—so that the sooner the returns are made, the lighter will be the task of the editor. Please request all who wish their cases published, to send me the reports before September 1, prox.

May I request your earnest co-operation in the matter, that the work may be worthy the great subject in hand. The questions to be answered are as follows:

1. Name of Operator?
2. Age of Patient?
3. Nationality?
4. Married or single?
5. Aspiration or previous tapping?
6. Duration of Growth?
7. Laparotomy or vaginal Operation?
8. Condition of patient at time of Operation?
9. Were antiseptic precautions used?
10. Was the spray used?
11. Long or short incision?
12. Adhesions or other complications?
13. Double or single Ovariotomy?
14. Pathological features of Cyst?
15. Treatment of the Pedicle?
16. With or without Drainage?
17. Duration of Operation?
18. Complicated or Uncomplicated history of Operation?
19. Anti-Pyretics used, if any?
20. Result. Cause of death, if any?
21. Primary or secondary operation?

Let the answers be as concise as possible. In many cases a simple yes or no will suffice.

All communications should be addressed to him, 191 Madison Avenue, New York City.

DR. JNO. G. WESTMNRELAND AND THE ATLANTA MEDICAL COLLEGE.

The following card appeared in the Atlanta Constitution of July 2d, 1882:

TO THE PUBLIC.

More than a year ago I resigned my chair of Materia Medica and Therapeutics in the Atlanta Medical College, which I had occupied from the organization in 1855. By that act, as the Faculty were well apprised, my connection with the Institution was nominally and practically severed. In the succeeding catalogue my name was retained as Emeritus Professor, as I supposed to show an honorable separation from the Faculty, and of course was not objected to. It is, however, inserted again in the catalogue of the present year, without my knowledge, desire or consent, or any valid reason, as I conceive.

My resignation was founded on objections to the policy adopted by the Faculty

of taxing the students and Faculty with full fees for a young man to act as clerk for the Dean and whipper-in for the College, and I do not, therefore, intend to retain even a nominal connection, though nearly a quarter of a century of the prime of my life was spent in the organization and successful operation of the College. If the continuance of my name is intended as an honor to me, I respectfully decline it, and if for other purposes my duty to the public requires this notice.

J. G. WESTMORELAND.

THE GARFIELD DOCTORS' BILLS.

We copy from a newspaper the following extract from Senator Vest's address, relative to the fees in the Garfield case:

"If anything is established by human testimony, if anything is creditable in regard to this case, it is that the late lamented President of the United States was—I will not use the word 'butchered'—but unquestionably malpractice was had upon him in his last illness, producing his death. It is admitted by the medical authorities who had charge of the case, and the autopsy put it beyond any sort of question, that he was treated for a pus cavity, while the wound which hurried him to the grave never for a moment came under the attention of those eminent surgeons. I allude to this in no spirit of malevolence; but I allude to it as a matter of legitimate discussion, to show that these gentlemen, from a medical and scientific point of view, are not entitled to the enormous fees which they now bring as a claim against the Government of the United States."

We do not propose to enter into an argument to defend the course and practice of the medical gentlemen who treated President Garfield; enough has already been said on the subject. As a journalist we wish to place a protest upon record against the severe and unjustifiable abuse of the medical men in this case, based upon the fact that they failed to trace the course of the ball. We insist that all the surgeons in the world, had they been there, could not have traced the devious track of the ball by any means now known to surgery; and if they could have done so, and located it in the exact spot where the autopsy found it, nothing could have been done to remove it or to change the result. That the case was a fatal one from the beginning there is now no doubt, and as little doubt that his life was prolonged and his sufferings greatly alleviated by the physicians. For this, and for the care and dilligence they bestowed upon the illustrious patient, they are entitled to the gratitude of the American people.

As to the fees, we do not favor any extortionate charges; nor do we understand that the medical men have made any charge—the matter being referred to a committee of Congress.

If so liberal a fee were to be conferred upon some Government agent, or some shrewd and distinguished attorney acting for the Government, in some matter of public interest, it would be thought legitimate and right; but when a member of the medical profession happens once in a century to fall in the way of receiving a bounty, then it is pronounced an outrage and a shame. Gen. Grant, already possessed of a large fortune, and loaded down with honors, has had bounties lavished upon him; and Mrs. Garfield was made the recipient of hundreds of thousands, and no word of conplaint is heard; but now that two or three conscienсious and faithful medical men, bearing the unjust censure and abuse of half the nation, are to receive a somewhat liberal fee, a howl of indignation and wrath is heard throughout the country. Shame! We do not favor exagerated allowances; but if they are to be tolerated in any case, why not to a doctor as well as to anybody else?

THE Southern Dental Association will assemble the present year at Baltimore, August 8th next.

DEATH FROM CHLOROFORM.—Mr. George Allen, a citizen of Birmingham, Ala., died on June the 2d from inhaling chloroform to have a tooth extracted.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This great drug house, of Detroit, Michigan, have attained to a very high reputation as wholesale druggists and manufacturing chemists. Their indomitable enterprise in the importation and presentation of new drugs to the Profession is worthy of all praise, and their numerous reliable and elegant preparations have the confidence of the public and of the Medical Profession everywhere. See their advertisement in this Journal.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using WARNER'S preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July*, 1879.

REED & CARNRICK.—The polite and intelligent agent of this excellent house called at our office and exhibited a number of samples prepared by them. For neatness, beauty and excellence of combination they cannot be surpassed. We ask our readers to read their advertisement on next to last cover page in this Journal, and to test their preparations. We have found them very useful in practice.

CELERINA.—Examine the advertisement of this agent by J. C. Richardson in this Journal. It is very highly extolled as a **Nerve Tonic** of rare quality, adapted to low, debilitated conditions of the system from any cause—especially in cases of mental, nervous or sexual exhaustion. Among the multitude of new and useful agents now being introduced, it is regarded as a very valuable addition to the armamentarium of the physician.

HYDROLEINE.—Dr. E. H. Trenholme, 32 Beaver Hall, Montreal, Can., says: My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diathesis. In some of my cases the effect of Hydroleine has been really marvelous. I wish you to send me half a dozen bottles for my own personal use, as I wish to continue taking it myself.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give *LISTERINE* a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th*, 1881.

More of **ELLIOTT'S** SADDLE BAGS are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF.

C. H. F. ROUTH, M. D., Senior Physician to the Samaritan Hospital for Women and Children, etc., 52 Montague Square, London, 17th April, 1878, writes:—I have made careful and repeated trials of your Fluid beef, and am eminently satisfied with it. It affords sustenance, and is well borne by weak stomachs. It seems to me to fulfil a desideratum long sought for, and I feel much obliged to you for bringing it before my notice. I trust you will have depots in London soon, for a Beef Tea containing albumen and fibrine in such large quantities, and in such a readily assimilable mixture, will prove of the greatest value to the treatment of disease.

Quinine Hypodermically.—Quinia Bi-Muriatica Cardamidata; soluble in its own weight of boiling distilled water.

Dr. McCoy, house physician of Bellevue Hospital, in the Medical Record of August 7th, 1880, cited 38 cases in which he subcutaneously administered this remedy with the most satisfactory results, and without the sequence of a single abcess. He employed a fifty per cent. solution of Bi-Muriate Quinia with Urea; and in one case, which he cites, found that 40 grains of the salt, when given at one time, produced cinchonism in one hour, the temperature being decreased four degrees in five hours.

McKesson & Robbins, of New York, well known as the introducers of gelatine-coated pills, manufacture the salts, and sell it in one, two and four gramme vials, and also the fifty per cent. solution which they put up in one-eighth ounce and one ounce vials.